## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450

Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

											and the second s	
appropriate All further	form should be used correspondence including the below or directed ot ations.	ng the Patent	advance o	orders and notification	nofn	naintenance	e fees wi	ill be n	nailed to the current	correspon	iden <b>c</b> e address as	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
38107	7590 08/04											
PHILIPS INTE P. O. Box 3001 BRIARCLIFF M	NDARDS	I her State addr trans	reby certify es Postal Se essed to the mitted to the	that this ervice wi he Mail he USPT	s Fee(s) ith suffi Stop I O (571	of Maining of Trails  Transmittal is being icient postage for fir SSUE FEE address  273-2885, on the d	deposited st class ma above, or late indicat	I with the United il in an envelope being facsimile ed below.				
					Patricia A. Heim					(Depositor's name)		
					Patricia a Hein					(Signature)		
		August 9 2010					(Date)					
APPLICATION NO.	PLICATION NO. FILING DATE			FIRST NAMED INVE	ATTORNEY DOCKET NO.			CONFIRMATION NO.				
10/595,357	10/595,357 04/12/2006			Todd R. McNut	t	PHUS030413			IUS030413US	7801		
TITLE OF INVENTION	AGE SEGMENTATIO	···										
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE DUE	PUBLICATION FEE	DUE	UE PREV. PAID ISSU		FEE	TOTAL FEE(S) DUE	Γ	DATE DUE	
nonprovisional	NO	\$15	10	\$300		\$0			\$1810	1	1/04/2010	
EXAM	ART U	JNIT	CLASS-SUBCLAS	s								
NEWMAN, MICHAEL A 2624				382-128000								
1. Change of corresponde CFR 1.363).	2. For printing on the patent front page, list											
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,								
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
<u> </u>		A TO DE DRI	NITED ON I	<u> </u>								
B. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for												
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.												
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)												
Koninklijke Philips Electronics N.V. Eindhoven, The Netherlands												
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🛄 Government												
a. The following fee(s)	are submitted:		41	o. Payment of Fee(s):	(Pleas	se first rea	pply any	previo	ously paid issue fee	shown abo	ove)	
■ Issue Fee □ A check is enclosed. ■ Publication Fee (No small entity discount permitted) □ Payment by credit card. Form PTO-2038 is attached.												
Publication Fee (N Advance Order - #		edit card. Form P1O-2038 is attached.  shereby authorized to charge the required fee(s), any deficiency, or credit any										
Advance Order - 1	or copies		_	overpayment, to	Depos	it Account	Number	14-1	270 (enclose a	a extra cop	y of this form).	
	tus (from status indicated s SMALL ENTITY state		0 1 27	☐ h Amalicantic n	a lama	or alaimina	~ 634 A f T	TATT	TY status. See 37 Cl	7D 1 97(-)	(2)	
					_	_	-					
NOTE: The Issue Fee and interest as shown by the i	records of the United Sta	tes Patent and	Trademark	Office.								
Authorized Signature		MY)	a)	<b></b>		Date _	>8/	9/1	<u>٥</u>			
Typed or printed name	Douglas B.	McKnigh	ıt	<i></i>		Registr	ration No	)	50,447			
This collection of inform	ation is required by 37 C	FR 1.311. Th	e informatio	on is required to obtain	n or re	tain a bene	fit by the	public	which is to file (and	by the US	PTO to process)	

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.